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# Form **990**

# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2014

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

	Revenu	e Service	▶ Inform	nation about For	m 990 and its ir	estructions is a	t www.irs	.gov/form99	0.	mspe	CHOIT
			ndar year, or tax ye:			, 2014, a	and endin	9		, 20	
B Ch	heck if a	pplicable	C Name of organization	Green Cities Fi	und, Inc.				D Employ	er identification	number
_ Ac	ddress c	hange	Doing business as						20-3911647		
_] Na	Name change							one number			
🗌 Ini	ıtıal retu	rn	725 Washington Str	reet		<u></u>		300		510 444-8760	)
Fır	nal return	/terminated	City or town, state or	province, country,	and ZIP or foreign	postal code					
☐ Ar	mended	return	Oakland, California	94607					<b>G</b> Gross r	eceipts \$	347781.0
□ Ap	plicatio	n pending	F Name and address of	f principal officer	Tom Miller, Pre	esident		H(a) Is this a	group return for	subordinates? Y	es 🗹 No
			725 Washington St	, #300, Oakland,	California 9460	07		H(b) Are all	subordinate	es included? 🗹 Y	es 🗌 No
Ta	x-exem	pt status	501(c)(3)	501(c) (	) ◀ (insert no.)	4947(a)(1) or	527	If "r	No," attach	a list (see instruc	tions)
J W	ebsite:	<b>&gt;</b>			<u>-</u>			H(c) Group	exemption	number 🕨	
<b>K</b> Fo	orm of or	ganization	Corporation Trus	t Association	☐ Other ►	L Ye	ar of forma	tion 2005	M State	of legal domicile	CA
Par	t i	Summ	ary			<del></del>					
	1	Briefly de	scribe the organization	ation's mission	or most signifi	cant activities:	Enviro	nmental pro	grams, p	articularly with	respect
ფ		-	hange; deep ecolog		_				-	_	-
Governance			operatives; refugee	=		-					
			is box ▶ ☐ if the o	•				of more tha	n 25% of	its net assets	
ૂં			of voting members	-		•	-				
			of independent vot	•	• •	•					
es			nber of individuals	_				• • •	5		
<u> </u>			nber of volunteers						6		2
Activities &			elated business rev						. 7a	<del> </del>	
`			lated business taxa						7b	<del> </del>	
-		vet unite	ated business taxe	bie income no	111 01111 990-1	, 11116 34	<del> ;</del>	Prior Y		Current	
ļ		Caataba k	tions and areate (E	last VIII lina 16V			}			<del>                                     </del>	
Revenue			tions and grants (P						1639 <u>69.00</u>	<del></del>	347781.0
٦Ę.			service revenue (P				L .			1	
8			ent income (Part VII				-			<del> </del>	
			enue (Part VIII, col						C	<del></del>	
			enue—add-Imes 81						163969 00		347781.0
			nd similar amounts						167975 00	<del> </del>	271441.5
- 1	14	Benefits	pald to or for mem	bers (Part-IX, co	olumn (A), line	4)	[			)	
S .	15	Salaries (	other compensation	ngemployee ben	efits (Part IX, co	olumn (A), lines	5–10)				
Expenses							[		C		
Ž			draising expenses				[	· · · · · · · · · · · · · · · · · · ·	· `č ć′	* **	<b>'</b> ``,
ш	17	Other ex	penses (Part IX) co	lumin (A), lines	11a–11d, 11f–2	24e)	[		C		
'	18	Total exp	enses. Add lines 1	3-17 (must equ	ual Part IX, colu	umn (A), line 2	5) . [		167975	5	271441 5
	19	Revenue	less expenses. Su	ibtract line 18 fr	om line 12 .				(4006)	)	76339 5
5 8							ĺ	Beginning of C	urrent Year	End of	Year
	<b>20</b>	Total ass	ets (Part X, line 16)	)			[		27482 52	2	103822 0
Fund B	21	Total liab	ollities (Part X, line 2	26)			[		C		
울튀	22	Net asse	ts or fund balances	s. Subtract line	21 from line 20		[		27482 52		103822.0
Par			ture Block							<u> </u>	
Unde	er penali		ny I declare hat I have	examined this retur	n. including accon	npanving schedule	s and state	ments, and to	the best of	my knowledge a	nd belief it
true,	correct,	and compl	lete. Qeclaration of prep	arer (other than office	cer) is based on all	Information of wh	ich prepare	r has any knov	vledge	my momoage a	na boner, n
_		$\overline{}$	1	4			-		3/4/15	5	
Sign	ւ	Sign	ature of officer	<del>\$'</del>					ate	<del></del>	
Here		, π <sub>Y</sub>	om Miller, P	regident							
	_		e or print name and title	Testaeur		<del></del> -					
		<del>'</del>	pe preparer's name	Pre	parer's signature		l u	ate	-	PTIN	
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					*	e instructions)	<u> </u>	· · · ·			es No
		S discus	s this return with the		*	e instructions)			-	<u></u>	Form

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Part I	Checklist of Required Schedules			
	Is the expensation deposition in parties 501(a)(a) or 4047(a)(1) (ather than a private foundation)(2 (f #)(a) "		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	•	
4	candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3		~
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		•
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		,
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		~
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part Vii	115		رو
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		,
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		v
12 a		12a		v
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	~	<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	:	,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	_	~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		,
20 a		20a	<del>                                     </del>	~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		~

Part	Checklist of Required Schedules (continued)			rage -
١.			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	-	~
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		v
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<i>y</i>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		,
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			14°
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  Schedule L, Part IV	28a		<i>y</i>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28b 28c		~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		,
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		,
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	V V
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	36		
	Part VI	37		·
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	,	

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art	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			. F
	October a Companie a C		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		~
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		ļ
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	~
b 10	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		·
b	If "Yes," enter the name of the foreign country: ▶	7a		-
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	,		
	(FBAR).			\$ 5
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		~
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			-
_	gifts were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).	Ĭ.		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		•••	
<b>h</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a_		~
b	Did the organization ficting the donor of the value of the goods or services provided?	7b		
	required to file Form 8282?	7c		·
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		-
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		V
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		~
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			ļ. <u>.</u>
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		~
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9Ь		~
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		*	
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			· · · · · ·
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	100			
C	Enter the amount of reserves on hand			-
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a		-

Part \				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI			
Section	on A. Governing Body and Management	•••	<del></del>	<u>.                                    </u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a 2			<b> </b>
	If there are material differences in voting rights among members of the governing body, or	,		
	If the governing body delegated broad authority to an executive committee or similar	۶,		
	committee, explain in Schedule O.	5		8
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 2	] , ,	ş.,	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	
	any other officer, director, trustee, or key employee?	2	~	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	<u> </u>	~
6	Did the organization have members or stockholders?	6		~
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		ĺ	
	one or more members of the governing body?	7a	<u> </u>	~
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			~
	stockholders, or persons other than the governing body?	7b	ļ	ļ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
_				* *
a b	The governing body?	8a	7	<del> </del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8b		<del>                                     </del>
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		~
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode l	-
	The second of th	<u> </u>	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь	l	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	* .		7.
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	~	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	~	
13	Did the organization have a written whistleblower policy?	13	~	
14	Did the organization have a written document retention and destruction policy?	14	~	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		·	
	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
b	Other officers or key employees of the organization	15b	~	ļ
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	١.		
104	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	-		ļ. <u>.</u> .
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a	<del></del>	~
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	/	ľ	
	organization's exempt status with respect to such arrangements?	16h		V
Section	on C. Disclosure	16b	Щ	1 *
17	List the states with which a copy of this Form 990 is required to be filed ► California			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3)s	only)
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	oraet	nolici	y and
• •	financial statements available to the public during the tax year.	UICOL	policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: ▶	

Form	990	(2014)
	-	( <del></del>

	<u> </u>	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
	Independent Contractors	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if heither the organization no	r any relate	a orga	<u>anız</u>	atio	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
	(C)									
(A)	(B)	Position						(D)	(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated
	hours per	officer and a director/trustee)		compensation	compensation from	amount of				
	week (list any	<del></del>		from	related	other				
	hours for related	Individual trustee or director	nstit	Officer	Key employee	륁축	Former	the	organizations	compensation
	organizations	rec d	E E	<u>Q</u>	<u> </u>	og eg t	ler	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	or a	na		응	# S		(** 2, 1000 111100,		and related
	line)	l st	2		ee	n pe				organizations
		66	Institutional trustee		l	Highest compensated employee				
	ļ		L.	<u> </u>	_	<u>ē</u>	L			
(1) Tom Miller, President	20						İ		<u>.</u>	
(1) Tom Miner, Frestden	20	~		,				0	o	(
(2) Tran Tuong Nhu, Secretary Treasurer	20									
		~		~	<u> </u>			0	0	
(3)										
(4)			1							
			<u>L</u>							
(5)						ļ				
(6)				-						
(7)					<del>                                     </del>					-
	<u> </u>			<u> </u>	<u> </u>					
(8)								Ī		
(9)					T					
(10)	<del> </del>	-	├-	<u> </u>	<u> </u>				-	
(10)										
(11)										
(12)								-		
(13)			-			-				
(4.4)			<del> </del>	-	_	-	$\vdash$			
(14)										

Part	VII Section A. Officers, Directors, Trust	ees, Key Er	mploy	/ees			lighes	st C	ompensated E	mployees (c	continued)	_
	(A) Name and title	and title  Average box, unless person is both an hours per officer and a director/trustee)  week (list any relate		(E) Reportable compensation related								
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatioi (W-2/1099-Mi	ns compensation	
(15)											-	
(16)												
(17)												_
(18)								-				
(19)												—
(20)		<del></del>										
(21)								-				_
(22)								_				_
(23)												
(24)								<del> </del> -				
(25)						-		┢				_
1b c d	Sub-total .  Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio		•	· ·		 	<b>▶ ▶</b>				
2	Total number of individuals (including bu reportable compensation from the organ	t not limited			e list	ted	above	e) w	vho received m	ore than \$10	00,000 of	_
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc						emp	oloyee, or high	nest comper	nsated Yes N	
4	For any individual listed on line 1a, is the organization and related organizations individual											,
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or ind		,
	on B. Independent Contractors											_
1	Complete this table for your five highest compensation from the organization. Re year.											
	(A) Name and business add	dress							(B) Description of s	services	(C) Compensation	
		···· · · ·										
						_						_
2	Total number of independent contract							o ti	hose listed ab	ove) who		_
	received more than \$100,000 of compen	sation from	the c	orga	nıza	tior	<b>1</b> ▶					

Part	VIII	Statement of Revenue Check if Schedule O contains a response or not	te to any line in this	Part VIII		<u></u>
		2.122 ii Gariagaia G Gariagi a response of no	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f: \$	,	<b>3</b> /~		
	h	Total. Add lines 1a-1f	0	, , ,	•	
Program Service Revenue	2a b c d	Business Co.	Ge .			
ogr:	f	All other program service revenue			-	
<u>~</u>	3 4	Investment income (including dividends, intere-	<b>•</b>			,
	5	Royalties	<b>&gt;</b>			
	6a b	Gross rents	· · · · · · · · · · · · · · · · · · ·			*
	d		▶ 0			
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses .		* * .	* * *	* * ; * *
	c d	Gain or (loss)	*	\ 	^	
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	oc.	,		3 <b>*</b>
the	ь	See Part IV, line 18 a  Less: direct expenses b	<del></del>	>		<b>*</b>
0	С		▶ 0			>
	С	Less: direct expenses b  Net income or (loss) from gaming activities	<b>▶</b> 0			
		Gross sales of inventory, less returns and allowances a				
	b c		<b>&gt;</b> 0			
	11a	Miscellaneous Revenue Business Co	e De			
	l la b					
	c					
	d	All other revenue				
	e 12	Total. Add lines 11a-11d	D 247791 07			

	90 (2014)				Page 10
	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must com	nplete all columns. A	ll other organization	s must complete co	lumn (A).
	Check if Schedule O contains a respon	se or note to any lin	ne in this Part IX .	· · · · · · · ·	<u></u> . 🗀
8b, 9t	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	271441.54	271441 54		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				V \
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees):				<del></del>
а	Management	o	o	o	0
b	Legal	0	0	0	0
C	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	. 0	4 3 / #	* *	0
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column	0	0	0	0
	(A) amount, list line 11g expenses on Schedule O)	0	0	0	0
12	Advertising and promotion	0	0	0	0
13 14	Office expenses	0	0	0	0
15	Information technology	0	0	0	0
16	Occupancy	0	0	O	0
17	Travel	0	0	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	
19	Conferences, conventions, and meetings	0	0	0	
20	Interest	0	0		
21	Payments to affiliates	0	0	0	
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	0	0	0	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)		1		
а	,				<del></del>
b		-			
c					
d					-
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e			-	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)				

Р	art X	Balance Sneet			
	•	Check if Schedule O contains a response or note to any line in this Par	rt X		🗀
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	27482 52	1	103922.05
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	- · ,, ,, ,,		
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	L
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
Ş		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	<del></del>	7	
As	8	Inventories for sale or use	.,	8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
	i '	other basis. Complete Part VI of Schedule D 10a	** , ,	s \	· * *
	b	Less: accumulated depreciation 10b	······································	10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	·-·
	13	Investments-program-related. See Part IV, line 11	<u></u>	13	
	14	Intangible assets	1	14	•——
	15	Other assets. See Part IV, line 11	· · ·	15	· · · · · · · · · · · · · · · · · · ·
	16	Total assets. Add lines 1 through 15 (must equal line 34)	27482 52	_	103922 05
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,	,		* 1
謹	ļ	trustees, key employees, highest compensated employees, and	** £ 8*	ž.	y , ' \\$*
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
J	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
(O	1	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
ë		complete lines 27 through 29, and lines 33 and 34.	^		
<u>a</u>	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
덜	29	Permanently restricted net assets		29	
Net Assets or Fund Balances	1	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
5		complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ž	33	Total net assets or fund balances	27482 52	33	103922 05
	34	Total liabilities and net assets/fund balances	27482 52	34	103922 05

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			٠.,	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3477	81 07
2	Total expenses (must equal Part IX, column (A), line 25)	2		2714	41 54
3	Revenue less expenses. Subtract line 2 from line 1	3		763	39 53
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		274	82 52
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		1038	322.05
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				1
_				Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other		-   .	1, 1	1.1.1. 500
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	piain ir	י ו " " "		\$ 13 2
_			- <u>×</u>	* :	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com			<u> </u>	~
	reviewed on a separate basis, consolidated basis, or both:	pileu oi	"		3 <sub>**</sub>
			į,	,	
<b>.</b>	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>	-
D	If "Yes," check a box below to indicate whether the financial statements for the year were audit	 ed on s		~ ;	12.0
	separate basis, consolidated basis, or both:	su on a	/	# 2	<b>₹</b> ,
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		*	^ <	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versiah	,		
	of the audit, review, or compilation of its financial statements and selection of an independent account				
	If the organization changed either its oversight process or selection process during the tax year, ex		<u> </u>		
	Schedule O.		*	<b>*</b> *	1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	1		
	the Single Audit Act and OMB Circular A-133?				·
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
			For	m <b>99</b> 0	(2014)

#### **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

OMB No 1545-0047

Internal	Revenue Service	► Information abou	rt Schedule A (Forr	m 990 or 990-EZ) and its	instructio	ns is at ww	rw.irs.gov/form990.	Inspection
	of the organization Cities Fund, Inc						Employer identification	number
Par			rity Statue (All	organizations must	comple	ta this n		11647
				s: (For lines 1 through				n13.
				on of churches descri				
				(Attach Schedule E.)				
				ganization described in	n section	170(b)(1	)(A)(iii).	
4		esearch organization ame, city, and state		onjunction with a hosp	oital desc	ribed in s	ection 170(b)(1)(A)	(iii). Enter the
5		tion operated for <b>(b)(1)(A)(iv).</b> (Com		college or university	owned o	r operate	ed by a government	al unit described in
	✓ An organiza		receives a subs	mental unit described tantial part of its sup te Part II.)				n the general public
8	☐ A communit	y trust described ı	n section 170(b)	(1)(A)(vi). (Complete I	Part II)			
9	receipts froi support froi	m activities related m gross investme	d to its exemptent income and	re than 331/3% of its functions—subject to unrelated business to 75. See section 509(a)	certain taxable ii	exception ncome (l	ns, and (2) no more ess section 511 ta	than 331/3% of its
10				sively to test for public				
	An organizat	on organized and publicly supported	operated exclusi d organizations d	vely for the benefit of, lescribed in <b>section 5</b> 0 the type of supporting	to perfor <b>09(a)(1)</b> o	m the fun r <b>section</b>	ctions of, or to carry 509(a)(2). See sect	i <b>on 509(a)(3).</b> Check
а	Type I. A state the suppo	supporting organiz	ation operated, s	supervised, or control egularly appoint or ele	led by its	supporte	ed organization(s), ty	pically by giving
b	control or	management of th	e supporting org	d or controlled in coni ganization vested in th , Sections A and C.				
С				ng organization operat s). <b>You must comple</b>				y integrated with,
d	that is not	functionally integr	ated. The organi	porting organization o zation generally must <b>mplete Part IV, Secti</b>	satisfy a	distributi	on requirement and	
е				written determination onally integrated supp				I, Type III
f								
g			T	oorted organization(s).				
	(i) Name of suppor	ted organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				(555 11151 55115))	Yes	No		•
(A)								
(B)					_			
(C)								
(D)								
(E)								
Total					7, 1, 1, 1			_

Part							
	(Complete only if you checked the Part III. If the organization fails to						ality under
Section	on A. Public Support	quality unde	tile tests its	sted below, p	lease comple	te rait iii.)	<del></del>
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	(4) 2010	(6) 2011	(6) 2012	(4) 2010	(6) 2014	(i) Total
	include any "unusual grants.")	69631 39	62059.44	206008 52	163969	347781 07	966403.42
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				-		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	69631 39	62059 44	206008 52	163969	347781 07	966403 42
5	The portion of total contributions by each person (other than a governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)				*		
6 Cooti	Public support. Subtract line 5 from line 4.		4 1 10 2 1	[ \$ \(  \) \( \) \( \)	y 3, * , *		
	on B. Total Support dar year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(a) 2014	/f) Total
7	Amounts from line 4	69631 39		<del>                                     </del>	<del></del>	(e) 2014 347781 07	(f) Total 966403 42
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	· 4\$	٠ ١ ١ ١ ١	*	, , & ,	\3 @ \ A /	966403.42
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	ere	<u> </u>	id, third, fourth	· ·		n 501(c)(3) ► □
	on C. Computation of Public Suppo			141: (6)			
14	Public support percentage for 2014 (line					14	100 %
15 16a	Public support percentage from 2013 Sc 331/2% support test—2014. If the organibox and stop here. The organization qua	ization did not	check the box	on line 13, and	d line 14 is 33¹		<b>.</b> —
b		nization did no	ot check a box	x on line 13 o	r 16a, and line		or more,
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the "organization	eets the "facts- facts-and-circu	and-circumsta umstances" te	ances" test, cho st. The organiz	eck this box ar ation qualifies	nd <b>stop here.</b> E as a publicly si	line 14 is Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	013. If the orgation meets the neets the	anization did n e "facts-and-c s-and-circums	ot check a box ircumstances" stances" test. T	k on line 13, 16 test, check th The organization	Sa, 16b, or 17a his box and st an qualifies as a	, and line op here. i publicly

## Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part I	1.)	
<u>Secti</u>	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees			-			
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities	· · · · · · · · · · · · · · · · · · ·					<del></del>
3	furnished by a governmental unit to the						
	organization without charge				:		
_							
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b		-				
8	Public support (Subtract line 7c from	COLOR PROPERTY		20002 PR			
•	line 6.)						
Secti	on B. Total Support	(2.1				<u> </u>	
	dar year (or fiscal year beginning in)	(-) 0010	<b>(b)</b> 2011	(-) 0010	(-1) 0010	(-) 0014	(0 T-1-1
9		(a) 2010	(3) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
-				<del></del>			
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
_	royalties and income from similar sources .						
ь	Unrelated business taxable income (less						1
	section 511 taxes) from businesses						ŀ
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on			•			
12	Other income. Do not include gain or						<del>-</del>
_	loss from the sale of capital assets				[		
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		<del></del>		<u> </u>		- <del> </del>
	and 12.)				1		
14	•		la fund accom	المدروم المراجع	L au fifth Asii ii		
17	First five years. If the Form 990 is for the	-			•		` ''' '
C4	organization, check this box and stop he			<del></del>	• • • • •	• • • •	<u> ▶ □</u>
	on C. Computation of Public Suppor					11	
15	Public support percentage for 2014 (line	• • •	•				
16	Public support percentage from 2013 Sci			<u></u>	<u> </u>	16	
	on D. Computation of Investment In						
17	Investment income percentage for 2014 (					17	%
18	Investment income percentage from 2013					18	%
19a	331/3% support tests—2014. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2013. If the organiz						
	line 18 is not more than 331/3%, check this	box and <b>stop h</b>	ere. The organ	uzation qualifies	s as a publicly s	upported org	anization 🕨 🔲
20	Private foundation If the organization di	d not check a	hay on line 14	19a or 10b	check this hav	and coo inct	ructions -

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations		1.4	<del></del>
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	,	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	100	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	3.7	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	->-	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	* . 8	* >
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and Ein numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		#. ^
	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	*	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		ļ
h	Did the organization have any excess business holdings in the tay year? (Lee Schodule C. Form 4720 to		11	1

determine whether the organization had excess business holdings.)

10b

Part I	Supporting Organizations (continued)			
- ,			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	3.7	kg:	~ į ^.
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		<del>  -</del> -
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			.3
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	* ' *		3337
	controlled the organization's activities. If the organization had more than one supported organization,	> " ×5	38.4	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		,	l
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	2	. 8 \$	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b> VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	\$4.5 44.7		*
	supervised, or controlled the supporting organization.	2	-3	-3
Section	on C. Type II Supporting Organizations	1	l	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		, .	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	. ,	\$	
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	<u> </u>	2_
Saction	on D. All Type III Supporting Organizations	1_		L
Secui	on b. Air Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	,	*, .	3
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	3. 3.	28.4	Ĭ .
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			### ##################################
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	-	-
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	₹4. ;	<b>*</b> **;	177
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	ļ <u></u>	ļ
3	By reason of the relationship described in (2), did the organization's supported organizations have a	=	,	
	significant voice in the organization's investment policies and in directing the use of the organization's	ľ. ,	1 × ×	<i>i</i> .
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			Ľ
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s):
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b C	<ul> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see the organization supported as government entity).</li> </ul>	000 ID	n+m 10+	ional
		see iris		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1	[,
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes,			*, /
	how the organization was responsive to those supported organizations, and how the organization determined		], `	,
	that these activities constituted substantially all of its activities.	2a	<del>                                     </del>	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	- )	· . ,	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	` ^	, ,	,
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<u> </u>		
2	•	2b	-	<del> </del>
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		<b>.</b>	
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	:	<b>†</b>	
_	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b	1	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1 ` Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the property of the pr	tru mpl	st on Nov. 20, 1970. <b>See i</b> ete Sections A through E.	nstructions. All
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		<del></del>
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	1	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	* *- *- *- *- *- *- *- *- *- *- *- *-
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):		1 11 2 41 4	\$
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		* * * * * * * * * * * * * * * * * * * *	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	1778.35 20	
2 Enter 85% of line 1	2	2 V 3 44 2 2 4 5 7 7 7	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4	<u> </u>	
5 Income tax imposed in prior year	5	/	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	* * * * * * * * * * * * * * * * * * *	
7 Check here if the current year is the organization's first as a non-functionall	ly-in	<u> </u>	g organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Secti	on D - Distributions		· · · · · · · · · · · · · · · · · ·	Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	<del></del>
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	th the organization is res	ponsive	
9	Distributable amount for 2014 from Section C, line 6	.,		
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
_1_	Distributable amount for 2014 from Section C, line 6		·	
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)	*		v
3	Excess distributions carryover, if any, to 2014:			
а	* * * * .	÷ ,	· : • •	
b	1, , , , , ,			
c				
d		,	· .	*
e	From 2013			
f	Total of lines 3a through e	¥		
<u>g</u>	Applied to underdistributions of prior years	* * .		*
<u></u>	Applied to 2014 distributable amount	* * * *	y ,;	
<u></u> !-	Carryover from 2009 not applied (see instructions)	T ==== ===	· · · · · · · · · · · · · · · · · · ·	= '=-=-=
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			, , )
4	Distributions for 2014 from Section	\ \ \{\langle \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<i>,</i> , , , ,	* * * :
	D, line 7: \$			
<u>a</u> b	Applied to underdistributions of prior years  Applied to 2014 distributable amount	*	\$	*
с	Remainder, Subtract lines 4a and 4b from 4.	* *		
5	Remaining underdistributions for years prior to 2014, if	×	<u> </u>	
•	any. Subtract lines 3g and 4a from line 2 (if amount	) » ,· » /		* *
	greater than zero, see instructions).			* % , %
6	Remaining underdistributions for 2014. Subtract lines 3h		···· · · · · · · · · · · · · · · · · ·	
•	and 4b from line 1 (if amount greater than zero, see		,	
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	S. Garagotti Grinio I.			
<u>b</u>				<u></u>
d	Excess from 2013			
— <u>—</u>				
		<u> </u>	<u>.</u>	

Schedule A	(Form 99	0 or 990-E	Z) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

#### **SCHEDULE F** (Form 990)

## **Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

2014

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990. ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Green Cities Fund, Inc.

Employer Identification number 20-3911647

	Form 990, Part IV, line	14b.				
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?					☑Yes □No
2	For grantmakers. Describe assistance outside the Unite		he organizati	on's procedures for moni	toring the use of its grants	s and other
3	Activities per Region. (The fo	llowing Part I	, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	√ietnam	1	5	Program services	Green building certification	2230
(2)	Vietnam	0	1	Program services	Conversion to green energy	5115
(3)						
(4)						
(5)						
(6)			51 .			
(7)						
(8)	. =		<u> </u>			
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						_
(16)						
(17)						
3a	Sub-total	1	6			7345
Ь	Total from continuation sheets to Part I	0	o			0
С	Totals (add lines 3a and 3b)	1	6			7345

Schedule F (Form 990) 2014

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	The of (b) IRS code (c) Region (d) Eatton section and EIN (if applicable)		(e) Amount of cash grant	Uurpose of grant     (e) Amount of cash grant     (f) Manner of cash grant     (f) Manner of disbursement     (g) Amount of cash of non-cash of n	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, apprasal, other)
Ξ									
(2)									
(6)									
(4)									
(2)									
9			,						
ε									
(8)									
(6)									
(10)			-						
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
η	Enter total nun	nber of recipier	nt organizations liste	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt	ognized as charities	by the foreign count	try, recognized as ta	ıx-exempt	

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities . . .

Schedule F (Form 990) 2014

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2014

Part III Grants ar

rait iii caii be dupiic	rait III cali de duplicated II additional space is needed.	a is i leeded.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							;
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sche	Schedule F (Form 990) 2014

Schedule	F	(Form	990) 2014	

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	<b>☑</b> No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	☐ Yes	☑ No

#### Part V

### **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Part 1(2) - Procedures for monitering Green Cities Fund country representative controls the bank accounts of the Vietnam Green Building Council, which is registerd in Vietnam as a subsidiary of Green Cities Fund. Its operating funds are raised locally in Vietnam. There are reconciliations; all expenditures are approved by the GCF representative and an accounting firm in Vietnam reviews the books each year Further information can be obtained at the VGBC website: www.vgbc.org.vn

#### SCHEDULE Q (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Green Citles Fund, Inc Employer identification number 20-3911647

FORM 990, PART III(4D) DESCRIBE OTHER PROGRAM SERVICES

- 1) Pursuant to a license Issued by the United States Treasury to develop organic food production in Cuba, Green Cities Fund funded a pilot fruit drying project in Matanzas to save fruit for consumption that would otherwise rot. Support totaled \$19,575 in 2014
- 2) Green Citles Fund has continued it research in cooperation with experts in Cuba and the University of California at Berkeley to develop a low cost plan to treat the sewage from Berkeley California's "Sister City" in Cuba, Palma Soriano (population 100,000) which empties into the river where they draw their drinking water and use as a public space. A film on the project can be found at https://vimeo.com/60928823. Support totaled \$7,770.47 in 2014
- 3) With a seed grant from the United Nations, and in cooperation with experts at the University of California "Energy Resource Group",

  Green Cities Fund converted an Island community in Vietnam from 100% diesel dependency for energy to 100% renewable (solar and wind)

, and think

energy, with ongoing costs signaficantly less than diesel and with a relatively little initial cost. Support totaled \$5,115 00 in 2014.

4) Green Cities Fund continued its ongoing support of the Vietnam Green Building Council, an organization it established in Vietnam which has established a unique "Lotus" green building rating system for office buildings and homes. The "Lotus" standards are being utilized in office buildings, schools and hospitals being constructed in Vietnam, including the United Nations office headquarters. The

organization is now practically 100% self supporting. Support totaled \$2,200 00 for 2014.

- 5) Pursuant to a license issued by the United States Treasury, Green Cities Fund continues to work with Cuban chefs and organic farmers to improve the diet of the Cuban people. It sponsored a visit by one of Cuba's leading organic farmers to the United States, where they visited organic farms which supply Berkeley's well known Chez Panisse Restaurant, and its representative in Cuba established a cooking group of Cuban chefs developing new and nutricious recipes. The group was visited by famed San Francisco Bay Area chef and food expert, Narsal David, who also visited other groups of chefs in Cuba. Support totaled \$1,000.00 for 2014.
- 6) Green Cities Fund sponsored a scholarly conference on conflicting claims in the South China Sea at the University of California at

  Berkeley The conference received international press attention (see: www.dangerouswaters.org). Support totaled \$1,000.00 in 2014.
- 7) The Green Cities Fund ongoing Karanee Refugee program continued, with volunteers teaching and helping these isolated ethnic minority refugees from the highlands of Burma find work and filling other needs. Support totaled \$770.07 in 2014.
- 8) Support of Fondam, an organization to assist Haltlan artists, continued. Support totaled \$300 in 2014.

	1 age &
Name of the organization	Employer identification number
Green Citles Fund, Inc.	20-3911647

PART VI(A)(2) DID ANY OFFICER, DIRECTOR, TRUSTEE, ETC HAVE A FAMILY RELATIONSHIP WITH ANY OTHER OFFICER, DIRECTOR ETC

Tom Miller, President, and Tran Tuong Nhu, Secretary Treasurer, are husband and wife

PART VI(B)(11)(b) DESCRIBE PROCESS USED TO REVIEW THIS FORM 990

Prepared and reviewed by Tom Miller, President, who reconciles bank accounts monthly

PART VI(C)(19) DESCRIBE HOW THE ORGANIZATION MADE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC DURING THE TAX YEAR

Available upon request, as well as through Form 990, which is available to the public.